

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

Lobbyist's Registration Number

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLY

Postmark Date: 01/25/05

TERM

1050096

1. NAME Wright Cathryn E
Last First MI

2. BUSINESS PHONE 337 781-1222

3. BUSINESS ADDRESS 315 W. Farrel Rd Lafayette LA 70508
Street and No. City State Zip

MAILING ADDRESS 315 W. Farrel Rd Lafayette LA 70508
Street and No. City State Zip

4. EMPLOYER CHD INC

5. EMPLOYER'S ADDRESS 315 W. Farrel Rd Lafayette LA 70508
Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes ☒ No ☐

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Louisiana Association of Nurse Practitioners
Address 1200 S. Acadian Highway STE 206 Baton Rouge LA 70806
Business or purpose Professional association

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☒ Terminated Representation as of January 2004

2005 JAN 26 PM 3:10
ETHICS ADMINISTRATION
CAPTAIN FINANCE
RECEIVED

SUPPLEMENTAL REGISTRATION FORM



2. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

3. Name _____

Address _____

Business or purpose _____

☐ New Representation
Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief, and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Carlynn E. McNeil
Signature of Lobbyist